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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/781,303
	Filing Date	February 18, 2004
	First Named Inventor	Rafail Zubok
	Art Unit	3732
	Examiner Name	Not Assigned
	Attorney Docket Number	SPINE 3.0-455 CIP CONT VII

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000530

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000530

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City					
Country	State		Zip		
Telephone				Fax	

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Joseph P. Errico, SpineCore, Inc.		
Signature			
Date	9/21/04	Telephone	908-522-3460

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of 1 forms are submitted